

04/25/01

Please type a plus sign (+) inside this box →

+

04-27-01

PTO/SB/05 (11-00)

Approved for use through 10/31/2002 OMB 0651-0032

U.S. Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No. 5236-000227

First Inventor Ritter et al.

Title Open Field System for Magnetic Surgery

Express Mail Label No. EL729564311US

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☒ Applicant claims small entity status.  
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 35]  
(preferred arrangement set forth below)
  - Descriptive title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 27]
5. Oath or Declaration [Total Pages 5]
  - a. ☐ Newly executed (original or copy)
  - b. ☒ Copy from a prior application (37 CFR 1.63 (d))  
(for a continuation/divisional with Box 18 completed)
  - i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

**ADDRESS TO:**Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - a. ☐ Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i. ☐ CD-ROM or CD-R (2 copies); or
    - ii. ☐ paper
  - c. ☐ Statements verifying identity of above copies

**ACCOMPANYING APPLICATIONS PARTS**

9. ☒ Assignment Papers (cover sheet & document(s))
10. ☐ 37 C.F.R. §3.73(b) Statement ☐ Power of Attorney  
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☐ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16. ☐ Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other:

**18. If a CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:☐ Continuation ☒ Divisional ☐ Continuation-in-part (CIP)

Prior application information: Examiner Mercader Mantis

of prior application No: 09 / 211,723

Group / Art Unit: 3737

**For CONTINUATION or DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.**17. CORRESPONDENCE ADDRESS**☐ Customer Number or Bar Code Labelor ☒ Correspondence address below

(Insert Customer No. or Attach bar code label here)

Name	Bryan K. Wheelock				
	Harness, Dickey & Pierce, P.L.C.				
Address	7700 Bonhomme, Suite 400				
City	St. Louis	State	Missouri	Zip Code	63105
Country	U.S.	Telephone	314-726-7500	Fax	314-726-7501

Name (Print/Type)	Bryan K. Wheelock	Registration No. (Attorney/Agent)	31,441
Signature	<i>BK Wheelock</i>	Date	APRIL 25, 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

**FEE TRANSMITTAL  
for FY 2001**

Patent fees are subject to annual revision

Complete if Known

TOTAL AMOUNT OF PAYMENT (\$) 435

Application Number	
Filing Date	
First Named Inventor	Ritter et al.
Examiner Name	
Group / Art Unit	
Attorney Docket No.	5236-000227

## METHOD OF PAYMENT (check one)

- 1.
- ☐
- The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit  
Account  
Number

08-0750

Deposit  
Account  
Name

Harness, Dickey &amp; Pierce

- ☒
- Charge Any Additional Fee Required
- 
- Under 37 CFR 1.16 and 1.17
- 
- ☒
- Applicant claims small entity status
- 
- See 37 CFR 1.27

- 2.
- ☒
- Payment Enclosed.

☒ Check ☐ Credit card ☐ Money  
Order ☐ Other

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	710	201	355	Utility filing fee	355
106	320	206	160	Design filing fee	
107	490	207	245	Plant filing fee	
108	710	208	355	Reissue filing fee	
114	150	214	75	Provisional filing fee	

SUBTOTAL (1)

(\$ 355)

## 2. EXTRA CLAIM FEES

	Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid
	19	5		-20** = 0	X 40 = 80	0
				-3** = 2	X 40 = 80	80
					X 0 = 0	0

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	80	209	40	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$ 80)

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	390	216	195	Extension for reply within second month	
117	890	217	445	Extension for reply within third month	
118	1,390	218	695	Extension for reply within fourth month	
128	1,890	228	945	Extension for reply within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,240	241	620	Petition to revive - unintentional	
142	1,240	242	620	Utility issue fee (or reissue)	
143	440	243	220	Design issue fee	
144	600	244	300	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	130	123	130	Petitions related to provisional applications	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	710	246	355	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	710	249	355	For each additional invention to be examined (37 CFR § 1.129(b))	
179	710	279	355	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$ 0)

## SUBMITTED BY

Complete (if applicable)

Name (Print/Type)

Bryan K. Wheelock

Registration No. Attorney/Agent)

31,441

Telephone

314-726-7500

Signature

Date

APRIL 25, 2001

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.


Burden Hour Statement. This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited in the United States Postal Service as first class mail in an envelope addressed to: BOX ASSIGNMENT, Assistant Commissioner for Patents, Washington, D.C. 20231 on 17 APRIL, 2000.

  
Bryan K. Wheelock  
Reg. No. 31,441  
7733 Forsyth Boulevard  
Suite 1400  
St. Louis, Missouri 63105  
(314) 727-5188

In re application of:  
Ritter et al.

Serial No.: 09/211,723

Filed: December 14, 1998

For: OPEN FIELD SYSTEM FOR MAGNETIC:  
SURGERY

:  
:  
:  
:  
:  
:  
:

Examiner Marvin M. Lateef

Group Art Unit 3737

BOX ASSIGNMENT  
Assistant Commissioner for Patents  
Washington, D.C. 20231

REQUEST CORRECTION TO NOTICE OF

RECORDATION DOCUMENT PER APPLICANT'S MISTAKE

Applicant appreciates the Assignment Branch's assistance in correcting an error in the Notice of Recordation of Assignment Document regarding the above-referenced application. The Notice of Recordation of Assignment issued is in error due to a typographical error on Applicant's part in the Assignment Cover Sheet. A new, corrected cover sheet and a copy of the Assignment Recordation Cover Sheet and Notice of Recordation and Assignment Document is enclosed for your convenience. The Assignee's zip code is 63108, not 63105 as indicated on one of the original Recordal Form Cover Sheet.

A check in the amount of \$40.00 is enclosed for payment. The Applicant respectfully requests that a corrected Notice of Recordation of Assignment Document be issued.

Respectfully submitted,



Bryan K. Wheelock

Reg. No. 31,441

Howell & Haferkamp, L.C.

7733 Forsyth Boulevard, Suite 1400

St. Louis, Missouri 63105

(314) 727-5188